

Leicestershire County Council

Melton Short Breaks Service

Inspection report

21 Victor Avenue
Melton Mowbray
Leicestershire
LE13 0GG

Tel: 01163055652
Website: www.leics.gov.uk

Date of inspection visit:
10 September 2018

Date of publication:
04 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 September 2018 and was announced. We gave the service four days' notice of our inspection. We gave notice because the service is a short breaks service that at any one time supports up to six people with learning disabilities. We wanted those people to know we would be visiting.

The service supports 42 people at various times throughout the year. People are allowed to spend up to 60 nights at the service during the course of a year. Short break stays last between two and 12 nights. At the time of our inspection four people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 25 May 2017, this service was rated as requires improvement. Improvements were required to the management of medicines, recording of best interest decisions and ensuring that CQC were notified of Deprivation of Liberty Safeguards authorisations. At this inspection, we found that improvements had been made and sustained and the service was rated overall good.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

Safe recruitment processes were in place. People received care from staff that had received training and support to carry out their roles.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated before they came to the service for their latest stay.

People were supported with their nutritional needs. Special dietary and cultural requirements were met.

People stayed in rooms they had used before unless they requested otherwise. They were supported to bring personal possessions with them to make their stay 'homely'. People had use of communal areas where they socialised with other people and had use of a sensory room and garden.

People were encouraged to make decisions about how their care was provided and their privacy and dignity

were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was supported by a service improvement manager and, with the provider, they were developing a five-year plan for this and other short break services. The provider had effective arrangements for quality assurance which drove improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received care from staff that knew how to safeguard people from abuse.

People's risks assessments were reviewed regularly and as their needs changed.

There were enough staff deployed to meet people's needs. The provider followed safe recruitment procedures.

Staff followed safe medicines management and infection control procedures.

Is the service effective?

Good ●

The service was effective.

People's care was delivered in line with current legislation, standards and evidence based guidance.

Staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet which met their dietary and cultural needs.

People's consent was sought before staff provided care.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

People had information on how to make complaints and the provider had procedures they followed to manage complaints.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who understood their roles and responsibilities.

Quality monitoring of the service drove improvements.

People were asked for their feedback regularly.□

Melton Short Breaks Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on 10 September 2018 and was carried out by one inspector. We gave the service four days' notice of the inspection visit because it is small short breaks service and we needed to be sure that our visit would not disrupt their plans and that the registered manager and staff would be in.

This was the service's second comprehensive inspection since 1 October 2014.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection visit, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully.

We spoke with one person who was using the service. We spoke with the registered manager, a service improvement manager and three support staff. We also contacted the local authority that commissioned people's care.

We looked at the care records for two people who used the service. We also examined other records relating to the management and running of the service. These included a staff recruitment file and the service's staff plan. We looked at the staff rotas, complaints, incidents and accident reports, quality monitoring information and records concerning the maintenance and safety of the premises.

Is the service safe?

Our findings

When we inspected the service on 25 May 2017 we found that arrangements for storage of medicines were not safe. Checks were not made of the temperatures at which medicines were stored. This meant that medicines were not always stored in accordance with the manufacturer's guidance and this posed a risk to the integrity of the medicines.

We found improvement had been made. The registered manager had implemented a system of daily temperature checks and a ventilation system had been installed in room where medicines were stored. Assessments of risks associated with people's self-administration of medicines had also been completed and maintained.

We found at this inspection that arrangements for management of medicines was safe. There had been learning from medicines errors made in the past. Medicines management systems were reviewed to reduce the risk of future medications errors. When people came to the service with their medicines, the service checked with the person's GP that all necessary medicines had been brought to the service. People received their medicines as prescribed.

People spent a lot of time at 'day services' when they were not being supported by staff from Melton Short Break Services. The day services were run by the provider and they had procedures for reporting any safeguarding concerns that occurred whilst people were at the day services. Staff at Melton Short Breaks Service understood their responsibilities to safeguard people at the service.

When people came for a short break stay, staff carried out a pre-stay assessment and they were vigilant to identify unexplained injuries, for example bruising, at the outset of the stay. Staff we spoke with knew their responsibilities to help protect people from abuse and avoidable harm. For example, they accompanied people when they went out into Melton Mowbray and further afield; they had the skills to use equipment such as hoists and stand aids safely. The registered manager ensured that equipment was maintained and serviced in accordance with the manufacturer's guidance.

People's risks were assessed and reviewed regularly, for example risks associated with their chosen activities. Other risks, for example risks associated with specific dietary requirements or health conditions such as epilepsy were assessed and reviewed. The risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks by being vigilant and identifying and acting upon signs that a person was unwell.

The registered manager followed safe recruitment and selection processes. A staff recruitment file we looked at contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Sufficient numbers of suitably skilled and experienced staff were deployed to ensure people's needs were met. The registration manager had arrangements to cover unplanned absences.

The premises were safely maintained. Regular checks of water supply were carried out to reduce possible scald risks; gas, electrical and fire equipment was also tested to ensure safety. Fire safety procedures and emergency evacuation procedures were in place.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. The premises were cleaned daily and people's rooms were always made ready for them. People unanimously reported through a satisfaction survey that the premises were always clean and tidy. We found that the registered manager ensured that cleaning and hygiene standards were consistent with the Code of Practice for Infection Prevention and Control.

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. For example, the provider's service improvement manager supported the registered manager to improve the medicines management systems.

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the previous inspection the reasons why a person's capacity was in doubt were not always documented. At this inspection we found that where there were doubts about a person's capacity to make decisions about their care and support, assessments were carried out and decisions were made in their best interests.

People's rights and freedom were upheld. People who had capacity and who made decisions or expressed choices that placed the wellbeing at risk, had those risks explained so that they could make an informed decision. For example, a person was supported to understand the importance to their wellbeing of not eating certain foods or limiting their consumption of alcohol. They told us about this and that they listened to what staff said and followed their advice. This showed that staff did not restrict people from doing things that could be harmful, but they did explain the risks and support people to avoid potential risks. Staff we spoke with had a good understanding of their responsibilities under the MCA and sought people's consent before providing care and support. A support worker told us, "Staff know to seek a person's consent before doing anything, it's a key principal here."

People received care and support from staff that had the skills and knowledge to meet their needs. Staff were supported through training and regular supervision meetings with their manager. A support worker told us, "The training and support I've had has equipped me for my role, broadened my horizons and helped me to understand people's needs." Staff had training that equipped them with skills to communicate with people who had a sensory impairment by using 'Makaton', a language that uses signs, symbols and objects of reference. Staff understood people's different communication styles, for example how people communicated they did not like something. Staff had training about health conditions people lived with. This meant that staff could support people with their health needs and respond appropriately when a person had a health episode, for example a seizure.

People were supported to have enough to eat and drink. People's specialised dietary requirements were met, for example a person required a gluten free diet. Staff supported people to shop for food items that met their dietary requirements and preferences. People's cultural needs were recognised. A person had their meals prepared in a culturally sensitive manner. A person who had planned a weight-loss programme was supported with that and was able to follow a healthier life-style and participate in sports activities they would otherwise have lacked the confidence to do.

People were supported to access health services if they needed them, including attending healthcare appointments that coincided with their short break stay.

The premises were purpose built to provide the needs of a short breaks service. People stayed in rooms they

had used before unless they requested otherwise. People had use of two furnished communal areas that had ample room for people to socialise and participate in activities. People used a sensory room fitted with lighting, tactile objects and soft furnishings where they relaxed. An enclosed landscaped garden was used for recreation.

Is the service caring?

Our findings

A person told us they were very happy with the care and support they received. Feedback from 12 people who completed a satisfaction survey after stays in August 2018 contained consistently positive feedback about the caring nature of the service. All 12 people said that they liked the staff that supported them and that their privacy was always respected. A support worker told us that curtains or blinds in people's rooms were always drawn when personal care was provided. People were supported with their medicines in their rooms as opposed to communal areas as that provided them privacy.

There was a person-centred approach to the service offered and how the service was run. People were able to personalise the rooms they stayed in by bringing with them possessions that mattered to them. This was to ensure that they felt at home during their short break stay. People's care plans demonstrated how the registered manager and staff had taken time to get to know people and had involved them and their families in planning their care. This included information about their interests and their needs. The care plans were adapted to meet people's individual needs at the outset of each short break. A support worker told us, "We are all about involving people, promoting what they enjoy, offering choice and knowing what they like." They added, "I always want to go home thinking I may have changed someone's day for the better."

People and their relatives were supported to be involved in decisions about a forthcoming short break through a pre-visit questionnaire. This was used to identify things that had changed since a person had last used the service and ensured that the care plan was up to date. Care plan included a 'know me better profile' which was used to update information about people's interests and things they wanted to try for the first time or to achieve.

People had varying levels of communication skills and abilities which the registered manager and staff understood; they had taken time to get to know one person to enable them to understand their speech, hand gestures and ways they communicated. For example, staff had learnt that a person used 'yes' to mean 'no' and vice versa and how certain gestures, like pouring a drink onto food meant they did not like the food.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis, people's care and support was not discussed in the presence of other people. People's care plans and records were kept securely in filing cabinets in the registered manager's office and computers were password protected to ensure that information about people complied with the Data Protection Act 2018.

Is the service responsive?

Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. The care plans were person centred, identifying people's background, preferences, communication and support needs.

People's care plans had been reviewed before their latest short break. Daily records were maintained during people's breaks to demonstrate the care provided to people. A person told us they received their care as planned. The 12 people who participated in the survey in August 2018 all said that they had received their care as planned.

Staff ensured that people experienced a stimulating and satisfying short break stay. Some people were supported to consolidate new skills they had learnt at home or between short break stays. For example, a person who had begun to take more responsibility at home for keeping their room tidy was supported to do likewise during their short break stay. People were supported to take a more active role in shopping, for example learning where to shop for specialised food items. People were shown how to use public transport safely whilst being supported to visit a place that was of interest to them. A person told us, "I get to do all the things I like."

The registered manager was aware they could take action to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Questionnaire surveys were also in an easy to read format which meant that the questions asked were easier to understand and that people's responses were a reliable source of assurance. Care plans contained sections that were in an easy to read format and which people were involved in developing.

The registered manager and staff acted on the feedback they received from people from the survey. For example, at the time of the inspection the registered manager was in the process of ordering larger televisions for people's rooms, they were considering whether and how a pool table could be accommodated at the location. Funding for a garden swing for people to use whilst in their wheelchair had been applied for.

People knew how to make a complaint. We saw information leaflets and a complaints procedure that were in an easy to read format. There had not been any complaints in the last year but the provider had procedures in place to respond to people's concerns.

Is the service well-led?

Our findings

When we last inspected the service in May 2017 we found that the service had not met a statutory requirement to notify CQC about DoLS authorisations that had been made. The service's monitoring and audit procedures had not identified this failure. We found at this inspection that procedures were in place to ensure that statutory notifications were made and that those procedures had embedded.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood and carried out their role of reporting incidents to CQC.

The registered manager was highly regarded by people using the service, their relatives and staff. A support worker told us, "I believe the service is well led. The manager and the council [the provider] are committed to ensuring service users are happy and they have been very supportive of staff."

The registered manager had been supported by the provider's service improvement manager and a senior service manager to implement improvements since our last inspection. The registered manager was being supported to develop a five-year plan for the service, the aim of which was to consolidate and further improve the service. The provider's oversight of the service meant that 'best practice' from other services run by the provider were adopted by Melton Short Breaks, for example improved systems for management of medicines.

The service had an open and transparent approach to providing care and support. When mistakes were made, for example medicines not being given on time, people and their relatives were informed. The registered manager had introduced easy to read forms to let people know about mistakes and the actions taken to prevent similar mistakes being made again.

The service had not received any complaints since the previous inspection. Complaints and feedback were encouraged through information people had access to.

Staff received feedback on their work and were aware of their responsibilities through regular supervision meetings with their line manager. Staff told us that the registered manager was approachable and involved them by inviting suggestions for how the service could improve. The registered manager and service improvement manager told us that staff would be involved in developing the five-year plan for the service.

During our inspection we saw that the ratings poster from the previous CQC inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.

The registered manager and service improvement manager carried out a programme of internal audits on the quality of the service. These reports were verified by the provider's senior service manager. The quality assurance procedures were used to drive improvements and follow through on feedback from people who used the service, for example broadening the range of activities available and improving recreational facilities at the service. This meant that people could be sure that they would receive a service that was continually striving to improve.